

Team Decision Making May Improve Equity in the Child Welfare System

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Introduction

Many inequities exist in the child welfare system, at all stages of the [child protection process](#)—including reporting, investigation, and placement into foster care. Children of certain racial and ethnic groups are overrepresented in child welfare, relative to their numbers in the general population. In 2020, a higher percentage of children in foster care were [Black or African American children](#) and [children who identify as more than one race](#), relative to these children's percentage among the general population. Because family separation can cause distress and trauma, a disproportionate share of children of color experience these adverse conditions.

There are [many reasons](#) for inequity in the child welfare system, including disproportionate rates of poverty and associated socioeconomic need among children and families from certain racial and ethnic backgrounds; racial bias and discrimination, including historical and structural racism; unequal [access to resources](#) between groups of families with various racial and ethnic backgrounds; differences in policies and processes across individual child welfare systems; and the failures of various [policies and legislation](#) to tackle inequities.

Further research is needed on child welfare practices that can reduce inequity. Child welfare systems must [address their inequities](#) and reduce the harm of system involvement for families and children of color. One way to reduce inequity in child welfare systems is through programs that specifically focus on addressing the factors that can exacerbate and increase inequity, [such as worker and organizational bias](#) and systems' failure to engage with families. In addition, to fully understand whether a child welfare practice is successful, it is essential to ensure that practices have been tested in a variety of settings with many racial and ethnic groups and that they have demonstrated positive findings for each group with which it is being implemented.

Team Decision Making, or TDM, can improve equity in the child welfare system.

[Team Decision Making \(TDM\)](#) is one practice that may help reduce racial and ethnic inequities in the child welfare system. TDM is an evidence-informed, culturally sensitive, minimally disruptive, and community-based way for child welfare agencies to assess safety concerns and inform their decisions about whether to remove a child from their home. The key elements of TDM include a consistently held meeting whenever there is a child safety concern. This meeting includes family members, as well as informal and formal family supports, and is led by a trained facilitator who guides meeting participants toward consensus, with consistently collected and tracked information related to the case. From 2015 to 2019, TDM was implemented in two counties in Missouri as part of a statewide shift toward a family-centered practice framework—an approach to providing services that align with family preservation, family engagement and buy-in, enhanced family decision making, and inclusion of natural family supports.

In this brief, we first introduce Child Trends' evaluation of how child welfare agencies in two Missouri counties implemented TDM. Then, we review findings from that evaluation related to safety and likelihood of subsequent allegations of maltreatment, including differences by race of the parents. In this section, we also discuss workers' perceptions of being more informed about the families they serve, as well as families' appreciation of feeling more included as a result of a TDM. We conclude by discussing how these findings highlight TDM's potential role within a comprehensive approach to reducing inequities in the child welfare system and reducing the likelihood of family separation and related trauma for children.

An Evaluation of TDM in Missouri

Child Trends evaluated TDM in two counties in Missouri to assess whether the practice impacted child welfare outcomes, including the likelihood of a child experiencing [subsequent maltreatment](#) or [foster care](#); for those children who entered foster care, we evaluated the likelihood of a child being [placed with kin](#) or experiencing timely reunification. The evaluation also explored whether TDM was associated with the amount and type of information available to workers to aid in decision making. Child Trends' study was the first randomized controlled trial of TDM. When workers in the two counties identified a safety concern that may necessitate removal for a child, the case was randomized to receive either a TDM meeting or services as usual designation.¹ For more information on the study and methodology, please refer to [Rushovich, Hebert, Crampton, & Malm \(2021\)](#).

Findings

For families that participated in Team Decision Making, or TDM, participation reduced the likelihood of a child being removed from their family; reduced the likelihood of a subsequent allegation of maltreatment for children with parents of color (Black, Alaska Native and/or Native American, and Asian)^{2,3}; increased the amount of information that workers had about a case; and resulted in families and community members reporting satisfaction with their experiences in a TDM meeting. After analyzing child welfare administrative data, we found that children in families that had a TDM meeting were less likely to be removed from their homes at two time points—within two weeks of the meeting and within one year of their initial referral to TDM.⁴ Since removal is traumatic for children and families, TDM helped remove a source of trauma for some children and families.

¹ This involved Family Support Team (FST) meetings, a component of Missouri's family-centered practice approach. FST meetings are led by the case worker, not a trained facilitator, and can be held for case management purposes, including the following: determining the need for both initial foster care placement and placement changes, planning to meet service and treatment needs, developing a plan for reunification or other permanency option, planning for the appropriate placement if needed, evaluating case progress, and developing and revising case plans. In practice, FST meetings were typically held after a child had already been placed in foster care, and counties did not collect data on how often and under what circumstances FST meetings were held.

² The data from Missouri include only a small number of parents and children who were Black, American Indian and/or Alaska Native, Asian, and more than one race. As a result, we chose to collapse these categories and use race as a binary variable to allow us to test for statistical significance. See [Rushovich et al., \(2021\)](#) for more details about the analysis.

³ We decided to include race and ethnicity as covariates only at the parent level for two reasons: 1) lower levels of missing data; and 2) the hypothesis that, because child welfare services are provided at the family level, parent race and ethnicity would be a more significant predictor of child welfare outcomes, as compared to child race and ethnicity.

⁴ This outcome was explored for any allegation after the initial referral to TDM. "Any allegation" means the outcome could have occurred related to any subsequent allegation (not necessarily the allegation resulting in the eligibility for the study) the child experienced.

After a TDM meeting, children were as safe—and, for participants of color, safer—at home than in alternative placements.

Although Child Trends did not find impacts for TDM on child welfare outcomes other than safety, our findings do suggest that children in families assigned to TDM were as safe as children who received services as usual. That is, children who received TDM were no more likely to be the subject of subsequent reports of maltreatment than children assigned to services as usual. However, we found differences in impacts by race and ethnicity. Specifically, TDM meetings reduced the likelihood of a subsequent allegation of maltreatment for children whose parents were people of color (Black, Native American and/or Alaska Native, and Asian), but did not impact the likelihood of a subsequent allegation for those children whose parents were White.

As a result of TDM, workers gained a better understanding of families' strengths and available support systems through a more inclusive information gathering process.

We also surveyed workers assigned to cases in both experimental groups (i.e., those assigned to TDM and assigned to services as usual). The survey asked workers whether they felt supported in their decision making and able to justify their decisions, whether they had a better understanding of the family and better knowledge of the resources and services the family needed, and whether they had established a good foundation for future interactions with a family. After analyzing the survey data, Child Trends found that, for cases in which a TDM meeting was held, workers were more likely to report having sufficient information to help them make decisions

“With TDM there is a huge emphasis [to have] everyone at the table. Our percentage of [parent] participation has gone up over time, workers are really striving to do this. ... They are striving really hard to get them there—that’s the big difference between TDM and other family meetings.”

- Facilitator

about the case. These findings may indicate that being more

informed about a case helps workers feel more secure in their decision making, particularly in cases where they must decide whether to allow a child to remain at home. Additionally, having more information about a case—especially hearing directly from the family—may help workers overcome unconscious biases that could lead to inequitable outcomes in a case.

“Having an [objective] facilitator is a key component [and ensures] transparency. More supported decisions, more opportunity for consensus, [and] holding family accountable. [The facilitators] were able to really hear from everyone and everyone got the chance to speak ...”

- TDM community representative

Child Trends conducted interviews and focus groups with TDM meeting participants (i.e., agency workers, supervisors, and community representatives) to gain a better understanding of TDM's perceived effects for these groups. In focus groups, workers shared examples of working to make all families feel comfortable in the meetings—often by encouraging families to invite any support

“[We] had a family who said the grandparents and great grandparents lived in the house ... Family decision making isn't just for the parents. I stopped and asked if [the grandparents] should be on the phone, and we ended up calling grandma...”

- **Facilitator**

people they wanted to have present during the TDM, such as neighbors, siblings, grandparents, or church members. This invitation

empowered families and encouraged them to view themselves as part of the decision-making process. It also provided workers with a better understanding of families' strengths and promoted more open communication between the worker and family. To make family members more comfortable in meetings, facilitators let families choose their seats first, asked for their thoughts and opinions throughout the meeting, and tried to ensure that the family and their support people were not outnumbered by agency workers and supervisors.

“When I invite parents, I always encourage them to bring a support ... someone to have in their corner, anybody, family or not. Shows me they have supports. That's a strength.”

- **Child welfare worker**

Families and community members appreciated and were satisfied with TDM meetings.

County staff administered an anonymous participation satisfaction survey to all TDM meeting participants not affiliated with an agency, including family members. Although family members reported being slightly less satisfied than other groups of participants (e.g., community members), they still indicated overall satisfaction with the meetings (an average score of 4.6 out of 5). Given the historical distrust between families and the child welfare system, and the inherent imbalance of power, the high satisfaction scores from families indicate that TDM is likely improving family engagement and establishing trust.

Limitations

We encountered several limitations during the study. First, TDM facilitators had only been conducting meetings for five months when we began our study, so the facilitators were relatively inexperienced in the practice; this may have influenced results. Second, workers had both treatment and control cases on their caseloads, so they may have incorporated learnings from TDM meetings in their meetings with control group families; this may have diluted the observed impacts of TDM. Third, administrative data had many missing variables, which challenged the reliability of the data. Fourth, the information we gathered during interviews and focus groups—and through surveys—is self-reported data, so it is possible that respondents did not feel comfortable fully expressing their true thoughts and feelings. Finally, the majority of people in the counties where the study took place are White and non-Hispanic, which limits the generalizability of our results to more racially and ethnically diverse populations, and further limits our ability to analyze differences by individual racial and ethnic groups. The research team made every effort to account for these limitations in the analysis. Despite these limitations, the findings we described are statistically significant and of broader importance to the field.

Conclusion

There is an urgent need to reduce racial and ethnic inequities in the child welfare system, especially given the history of structural racism that persists in the system today. Evidence-based, culturally sensitive, and family-centered practices such as TDM may help reduce inequities. Child Trends' study shows that TDM includes a more inclusive information-gathering process (by centering family voice and inviting community supports) and helps workers make better-informed decisions (buffering decision making from individual worker's biases,) both of which can reduce the likelihood of family separations and subsequent trauma for children, particularly for BIPOC children.

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